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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
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Application Number	10/057,649
Filing Date	01/25/2002
First Named Inventor	Sverre Paaske, Molde
Art Unit	1654
Examiner Name	Michele Flood
Attorney Docket Number	MEDIS-06906

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

☒ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: **Cannot locate client. Have made several attempts to no avail.**

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

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BioMedis Attn: Sverre Paaske  
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**OR**

☐ Firm or  
Individual Name

Address

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Name

J. Mitchell Jones

Registration No. 44-174

Date

07/11/2005

Telephone No. 608-218-6900

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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